



NOTICE OF CONTRACT AMENDMENT

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

MISC

RFPS 30034901700042

| CONTRACT NUMBER | CONTRACT TITLE |
|--|--|
| CS170042003 | Alternatives to Abortion Program |
| AMENDMENT NUMBER | CONTRACT PERIOD |
| Amendment #001 | February 1, 2017 through June 30, 2017 |
| REQUISITION/REQUEST NUMBER | SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID |
| NR 300 30007000007 | 13421808001/MB00099548 |
| CONTRACTOR NAME AND ADDRESS | STATE AGENCY'S NAME AND ADDRESS |
| FAITH MATERNITY CARE 1900 LAKE DRIVE FULTON MO 65251 | Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101 |

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

Contract CS170042003 is hereby amended pursuant to the attached amendment #001, dated 05/25/17.

| | |
|----------------------------|---|
| BUYER Julie Kleffner | BUYER CONTACT INFORMATION Email: juli.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER | DATE 5. 31. 17 |
| DIRECTOR OF PURCHASING | Karen S. Boeger |



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
CONTRACT AMENDMENT**

**AMENDMENT NO.: 001
CONTRACT NO.: CSI70042003
TITLE: Alternatives to Abortion Program
ISSUE DATE: 05/17/17**

**REQ NO.: NR 300 30007000007
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.kleffner@oa.mo.gov**

**TO: FAITH MATERNITY CARE
1900 LAKE DRIVE
FULTON MO 65251**

RETURN AMENDMENT BY NO LATER THAN: 05/30/17 AT 5:00 PM CENTRAL TIME

**RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
BY E-MAIL, FAX, OR MAIL/COURIER:**

| | |
|----------------------------|---|
| SCAN AND E-MAIL TO: | Julie.kleffner@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

**Office of Administration
Commissioner's Office
State Capitol Building, Room 125
Jefferson City MO 65101**

SIGNATURE REQUIRED

| | | | |
|-----------------------|--|-------|--|
| VENDOR NAME | Kingdom Mini Homes Faith Maternity Care | DBA/T | MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SECTION) |
| MAILING ADDRESS | PO Box 6232 | | |
| CITY, STATE, ZIP CODE | Fulton MO 65251 | | |

| | | | | | |
|---|-------------------------------------|---|--------------------------------------|--|--|
| CONTACT PERSON | EMAIL ADDRESS | | | | |
| Laura Griggs | treasurer@faithmaternity.com | | | | |
| PHONE NUMBER | FAX NUMBER | | | | |
| 573-642-7414 | 573-642-8184 | | | | |
| VENDOR TAX EXEMPT TYPE WITH IRS (CHECK ONE) | | | | | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | <input checked="" type="checkbox"/> IRS Tax-Exempt |
| AUTHORIZED SIGNATURE | | DATE | | | |
| | | 5-25-17 | | | |
| PRINTED NAME | TITLE | | | | |
| Laura Griggs | Treasurer | | | | |

Contract CS170042003

Page 2

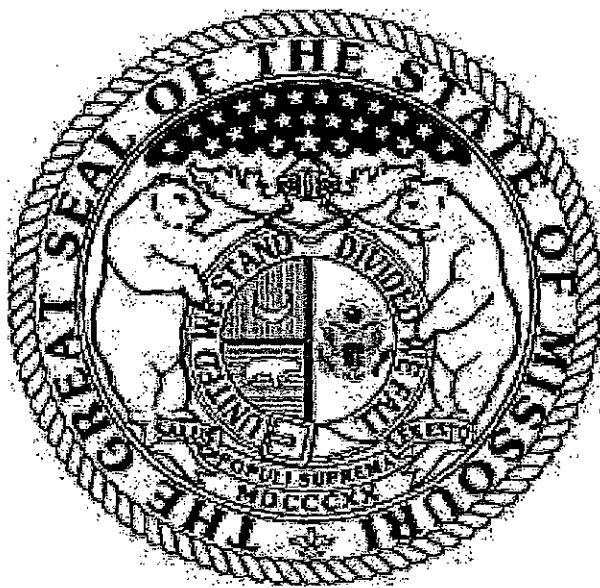
AMENDMENT #001 TO CONTRACT CS170042003**CONTRACT TITLE:** Alternatives to Abortion Program**CONTRACT PERIOD:** February 1, 2017 through June 30, 2017

Pursuant to paragraph 2.11.2 b., the State of Missouri hereby amends the above-referenced contract to increase the total allocated funding for Region 4 by \$8,000.00 for the above contract period as shown below. The allocation adjustment is necessary due to monthly usage and project usage.

Geographic Region 4: \$45,029.17

All other terms, conditions and provisions of the contract shall remain the same and apply hereto.

The contractor shall sign and return this document on or before the date indicated, signifying acceptance of the amendment.



State of Missouri

OFFICE OF ADMINISTRATION

Division of Purchasing

Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

Kleffner, Julie

From: Kraft, Emily
Sent: Tuesday, May 16, 2017 12:11 PM
To: Kleffner, Julie
Subject: A2A Contract Amendments
Attachments: Late 2017 A2A Funding Amendments.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Julie,

In an effort to spend as much of my A2A funding as possible, I'm awarding a little bit extra to the contractors who have requested additional funding. I was hoping to be able to have these out by the end of May so I could add it to their June payment, but I see that you're in meetings until the end of May. Is there any way this is possible? If so, I've attached all but one of the contract award notices with increases marked, and I will send the last one when it comes in (should hopefully be later today or tomorrow AM).

Thanks,

Emily Kraft

*Management Analysis Specialist
OA/Division of Personnel
Truman Building, Room 430
Jefferson City, MO 65102
Phone: (573) 522-0003*

Item 2.1.3 c of the RFP portion of the contract indicates that any adjustments to the allocation of funds, shall be accomplished via contract amendment. Therefore, the contract is being amended to allow for the additional funds.

Laura O'Dwyer

NR 300 30007000007

Revised 08/17/15

Indicate Contract Amendment Type:

| RENEWAL: | PERIOD OF | TOTAL |
|---|--------------|-------|
| Renewal - % Increase | Cost Savings | |
| Renewal - \$ Increase | Cost Savings | |
| Renewal - W/O Increase | | |
| SFS Renewal - Prices In Original Contract | | |
| SFS Renewal - Prices Not in Original Contract | | |

Performance Security Deposit: \$ _____

Surety Bond: \$ _____

Annual Wage Order Number: _____

Annual Wage Order Date: _____

County(ies): _____

| EXTENSION PERIOD: | |
|--------------------------|--------------|
| Extension - 30-Day | |
| Termination | |
| Extension - \$ Increase | Cost Savings |
| Extension - W/O Increase | |
| Assignment | |
| Cancellation/Termination | |
| Other Amendment | |

Other Instructions: _____

Preliminary Contract Amendment

- Section 34.040.6, RSMo
- Purchasing Suspension List
- Federal Suspension – SAM.GOV
- Labor Stds – OA/FMDC Contractor Debarment Lists
- Review of Participation Commitment Attainment – If app, Verify Receipt of 1st Renewal – Blind/Shel Wkshp Affdvt
- SFS Review/Justification – Insert Advertising Date, if applicable

Buyer/Section Support

Buyer/Section Support

Buyer/Section Support

Buyer/Section Support

Buyer

Buyer

Buyer/Section Support

Buyer

S-15-17

S-17-17

Prepare Contract Amendment**Review/Approve Contract Amendment (Signature Required)**

Required:

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Contractor E-Mail Address/Fax Number

State Agency Contact E-Mail Address

Section 34.040.6, RSMo, Letter

Buyer/Section Support

treasurer@faithmaternity.com

Emily Kraft saravah@maryannmorrison

Review/Approve Contract Amendment (Signature Required)

Follow-Up Notes:

S-15-17

S-17-17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____

Manager _____

W

5/18/17

Review/Approve Contract Amendment (Signature Required)

Initial _____ Supervisor _____

Date _____

Initial _____